MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043860

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5907

FILED NOV 21 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	3.798		
3			
4	0		
5	0		
6			
7	0		
8	2		
9	773.0		
10			
11			
12	64-0		
13			

BY AFFIDAVIT OF Joseph Williams DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY: JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 2 DAYS

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: RESEARCH HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: MISSOURI b. COUNTY: JACKSON

c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 6105 SWOPE PARKWAY — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: JEFFREY Middle: — Last: COX

4. DATE OF DEATH: Month: OCTOBER Day: 30 Year: 1963

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10/28/1963

9. AGE (last birthday): IF UNDER 1 YEAR Months: — Days: 2 IF UNDER 24 HR Hours: — Min.: —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (City and state or country): KANSAS CITY MISSOURI

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: CLARENCE W. COX

13b. MOTHER'S MAIDEN NAME: BETTY J. GINN

14. NAME OF HUSBAND OR WIFE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servic: NO ----

16. SOCIAL SECURITY NO.:

17. INFORMANT: CLARENCE W. COX Address: 6105 SWOPE PARKWAY KANSAS CITY, MO

18. CAUSE OF DEATH (Enter only one cause per line

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Hyaline membrane disease — INTERVAL BETWEEN ONSET AND DEATH: 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from birth to death and last saw her/him alive on

Death occurred at 8:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph C Williams MD

22b. ADDRESS: 6400 Prospect

22c. DATE SIGNED: 10 Nov 63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: OCT. 31, 1963

23c. NAME OF CEMETERY ~~OR CREMATORY~~: FOREST HILL CEMETERY

23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR ADDRESS: D.W. NEWCOMER'S SONS 1331 BRUSH CREEK KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.: 10-31-63

26. REGISTRAR'S SIGNATURE: Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

Dr. Joseph H. Williams
6400 Prospect
Dr. Roy F. Garrison

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ______________________________, Student Embalmer No. __________

working under my personal supervision.

Student ______________________________
Signature of Student Embalmer

Signed Dean W. Huff

Licensed Embalmer No. 7914

P. O. Address Indep., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.